



205020018

\$

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

719566584 168028962
Your Social Security Number Spouse's Social Security Number

SUBBARAMAN MI
Your First Name MI

VENKATARAMANAN
Your Last Name

VIJAYA MI
Spouse's First Name MI

GURURAJAN
Spouse's Last Name

5832 BARTS WAY
Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) FREDERICK MD 21704
City or Town State ZIP Code + 4

REQUIRED: Maryland Physical address of taxing area as of December 31, 2020 or last day of the taxable year for fiscal year taxpayers. **See Instruction 6. Part-year residents see Instruction 26.**

1100 FREDERICK COUNTY
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

5832 BARTS WAY
Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

FREDERICK MD 21704 FREDERICK
City State ZIP Code + 4 Maryland County

FILING STATUS
CHECK ONE
BOX ▶

See Instruction 1 if you are required to file.

1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN ▶ _____
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM _____ TO _____

Other state of residence: _____

If you began or ended legal residence in Maryland in 2020 place a **P** in the box ▶

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box ▶

Enter **Military Income** amount here: _____

EXEMPTIONS

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

- A. ▶ Yourself Spouse Enter number checked 2 See Instruction 10 A. \$ 6400 .
- B. ▶ 65 or over ▶ 65 or over
- ▶ Blind ▶ Blind Enter number checked X \$1,000 B. \$ _____ .
- C. ▶ Enter number from line 3 of Dependent Form 502B 2 See Instruction 10 C. \$ 6400 .
- D. Enter **Total Exemptions (Add A, B and C.)** ▶ 4 Total Amount D. \$ 12800 .

Print Using Blue or Black Ink Only

Place your W-2, wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.



205020118

NAME SUBBARAMAN VENKATARAMANAN & VI SSN 719566584

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

- Check here If you do not have health care coverage DOB (mm/dd/yyyy) ▶ _____
- Check here If your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ _____
- Check here I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.
- E-mail address ▶ _____

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return ▶ 1. 100967
- 1a. Wages, salaries and/or tips ▶ 1a. 100932
- 1b. Earned income ▶ 1b. _____
- 1c. Capital Gain or (loss) ▶ 1c. _____
- 1d. Taxable Pensions, IRAs, Annuities (Attach Form 502) ▶ 1d. _____
- 1e. Place a "Y" in this box if the amount of your investment income is more than \$3,650 ▶

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2. _____
3. State retirement pickup ▶ 3. _____
4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4. _____
5. Other additions (Enter code letter(s) from Instruction 12.) ▶ 5. _____
6. Total additions (Add lines 2 through 5 plus line 3 of Form 502LU.) ▶ 6. _____
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ▶ 7. 100967

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8. _____
9. Child and dependent care expenses ▶ 9. _____
- 10a. Pension exclusion from worksheet (13A) Yourself Spouse ▶ 10a. _____
- 10b. Pension exclusion from worksheet (13E) Yourself Spouse ▶ 10b. _____
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11. _____
12. Income received during period of nonresidence (See Instruction 26.) ▶ 12. _____
13. Subtractions from attached Form 502SU ▶ 13. _____
14. Two-income subtraction from worksheet in Instruction 13 ▶ 14. _____
15. Total subtractions (Add lines 8 through 14 plus line 7 of Form 502LU.) ▶ 15. _____
16. Maryland adjusted gross income (Subtract line 15 from line 7.) ▶ 16. 100967

DEDUCTION METHOD

See Instruction 16.

- All taxpayers must select one method and check the appropriate box.
- ▶ **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)
- ▶ **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)
- 17a. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 17a. 25495
- 17b. State and local income taxes (See Instruction 14.) ▶ 17b. 3178
- Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) ▶ 17. 22317

MARYLAND TAX COMPUTATION

18. Net income (Subtract line 17 from line 16.) ▶ 18. 78650
19. Exemption amount from Exemptions area (See Instruction 10.) ▶ 19. 12800
20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. 65850
21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) ▶ 21. 3077
22. Earned income credit (EIC)(See Instruction 18.) ▶ 22. _____
- Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
23. Poverty level credit (See Instruction 18.) ▶ 23. _____
24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) ▶ 24. _____
25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR. ▶ 25. _____
26. Total credits (Add lines 22 through 25.) ▶ 26. _____
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0 ▶ 27. 3077



NAME SUBBARAMAN VENKATARAMANAN & VI SSN 719566584

LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 <u>296</u> or use the Local Tax Worksheet 28.	1949
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	.
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	.
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) 31.	.
	32. Total credits (Add lines 29 through 31.) 32.	.
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 33.	1949
34. Total Maryland and local tax (Add lines 27 and 33.) 34.		5026
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	.
	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	.
	37. Contribution to Maryland Cancer Fund ▶ 37.	.
	38. Contribution to Fair Campaign Financing Fund ▶ 38.	.
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) 39.		5026
40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40.		7757
41. 2020 estimated tax payments, amount applied from 2019 return, payment made with an extension request, and Form MW506NRS ▶ 41.		.
42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42.		.
43. Refundable income tax credits from Part CC, line 8 of Form 502CR (Attach Form 502CR. See Instruction 21.) 43.		.
44. Total payments and credits (Add lines 40 through 43.) 44.		7757
45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45.		.
46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.		2731
47. Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX ▶ 47.		.
REFUND	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48.	2731
	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing _____ ▶ 49.	.
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50.	.



NAME SUBBARAMAN VENKATARAMANAN & VI SSN 719566584

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, use Form 588. To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box or if you authorize the State of Maryland to direct deposit your refund, check this box and complete the following information clearly and legibly.

51a. Type of account: Checking Savings **51b.** Routing Number (9-digits) 021200339

51c. Account Number 381029091748

51d. Name(s) as it appears on the bank account _____

8609380596 _____ _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date

EASTERN TAX SERVICE LLC
Printed name of the Preparer / or Firm's name

AFSAR UDDIN
Signature of preparer other than taxpayer (Required by Law)

Spouse's signature Date

19105 WHISTLE GATE TERRACE
Street address of preparer or Firm's address

BOYDS MD 20841
City, State, ZIP Code + 4

3015158116 P00149531
Telephone number of preparer Preparer's PTIN (Required by Law)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

<u>SUBBARAMAN</u> First Name	MI	<u>VENKATARAMANAN</u> Last Name	<u>719566584</u> SSN/Taxpayer Identification Number
<u>VIJAYA</u> Spouse's First Name	MI	<u>GURURAJAN</u> Spouse's Last Name	<u>168028962</u> SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2021 estimated tax 1. _____ . ____
- 2. Amount of overpayment to be refunded to you **REFUND** 2. 2731 . ____
- 3. Total amount due (Pay in full by April 15, 2021. See instructions.) 3. _____ . ____

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my Electronic Return Originator or by my electronic return software provider.

Your PIN: check one box only

I authorize EASTERN TAX SERVICE LLC to enter or generate my PIN 71956
ERO firm name

Enter five digits.
Do not enter all zeros.

as my signature on my tax year 2020 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature _____ Date 032521

Spouse's PIN: check one box only

I authorize EASTERN TAX SERVICE LLC to enter or generate my PIN 16802
ERO firm name

Enter five digits.
Do not enter all zeros.

as my signature on my tax year 2020 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature _____ Date 032521

Practitioner PIN Method Returns Only

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 52069514953

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature AFSAR UDDIN Date 032521



20502B018

719566584
Your Social Security Number

168028962
Spouse's Social Security Number

SUBBARAMAN _____ MI
Your First Name

VENKATARAMANAN _____
Your Last Name

VIJAYA _____ MI
Spouse's First Name

GURURAJAN _____
Spouse's Last Name

Print Using Blue or Black Ink Only

Summary

1. Enter the total number checked below for Regular dependents (4) 1. 2
 2. Enter the total number checked below for dependents 65 or over (5) 2. _____
 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the
 Exemptions area of Form 502, 505 or 515.) 3. 2

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

1. <u>PRATYUSH</u> _____ MI <u>SUBBARAMAN</u> _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number Relationship Regular 65 or over	DOB (MM/DD/YYYY) <u>12/10/2009</u>
2. <u>931943727</u> 3. <u>SON</u> 4. <u>X</u> 5. <u> </u>	

1. <u>PRAANESH</u> _____ MI <u>SUBBARAMAN</u> _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number Relationship Regular 65 or over	DOB (MM/DD/YYYY) <u>10/28/2017</u>
2. <u>699991996</u> 3. <u>SON</u> 4. <u>X</u> 5. <u> </u>	

1. _____ MI _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number Relationship Regular 65 or over	DOB (MM/DD/YYYY) _____
2. _____ 3. _____ 4. <u> </u> 5. <u> </u>	

1. _____ MI _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number Relationship Regular 65 or over	DOB (MM/DD/YYYY) _____
2. _____ 3. _____ 4. <u> </u> 5. <u> </u>	

1. _____ MI _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number Relationship Regular 65 or over	DOB (MM/DD/YYYY) _____
2. _____ 3. _____ 4. <u> </u> 5. <u> </u>	

1. _____ MI _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number Relationship Regular 65 or over	DOB (MM/DD/YYYY) _____
2. _____ 3. _____ 4. <u> </u> 5. <u> </u>	